						110/58/06
Under the Paperson at			Approve	d for use the Othocottes	ough 7/31/2000 DEPARTURAN	OM8 065
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						
CLAIMS AS FILED - PART I OTHER THAN						
(Column 1) (Column 2)			SHALL ENTITY	_ OR		L ENTI
FOR BASIC FEE (37 CFR 1,16(a))	NUMBER FILED	NUMBER EXTRA	RATE FEE	_	RATE	u.
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 :	T	1 - 19/1	→		5
INDEPENDENT CLAIMS (37 CFR 1.16(b))	mans 3 =		X1	CR.	£ 5=	
INULTIFIE DEFENDENT CLASE PRESCRIT (D7 CFR 1.164))				08	× 5=	
* If the difference in column 1 is less than zero, enter "O" in column 2.			1014 7		TOTAL	
CLAMS AS AMENDED - PART II						
110/13/6	2 (C	/ Column 2) (Column 3) .	SMALL ENTITY	OR.		R THAN
REL	AIMING N	GHEST UMBER PRESENT VIOUSLY EXTRA	RATE ADDI-] [RATE	ENTITY'
Z Total AMB Total Correction O correction Or oral stopp Or oral stopp W Correction Or oral stopp		P (98)	TIONAL			FE:
Z Independent	ASous 7			OR	X \$=	
8			X 8=	OR .	x s_j -=	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(4))			+5 =	OR .	+: :	:
1000			ADD'L FEE		TOTAL . ADD'L FEE	
m NE IVO	UNIS . HIG	olumn 2) (Column 3) .	1	· _		·
AMENT	ER PREV	MBER PRESENT DOUSLY EXTRA	RATE ADOL-		RATE	ADDI- TIONA.
O CACALTRES	Miraes **	201	X .	-		FEE
Z Independent • CP CPR 1.HQD	Minus ***	2	X:		· ·	
FIRST PRESIDITATION OF MATTPLE DOPPODENT CLAM (\$17 CFR L16(\$))						

TOTAL

(Cotumn 1). (Cotumn 2) (Cotumn 3) CLAIMS REMAINING HIGHEST NUMBER O PRESENT AMENDMENT AFTER PREVIOUSLY EXTRA PAID FOR Tabl OF OFF LANGE PREST PRESERVATION OF MATTPLE DEPENDENT CLASS OF CITY LINE

RATE ADDI-RATE ADOI-TIONAL TIONAL FEE FEE : * OR OR OR TOTAL ADOL FEE TOTAL

TOTAL ADD'L FEE

ADD'L FEE OR ADD'L FEE

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is sequired by 37 CFR 1.16. The Information is sequired to obtain or retain a benefit by the public which is to file (and by the USPTO to proceed an application, Confidentiality is governed by 35 U.E.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commerce on the amount of time you require to complete this form and/or suggestions for reducing this bursien, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, QO NOT SEND FEES OR COMPLETED FORMS TO THE ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.